

CLAIMS ONLY

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| SERIAL NO. | FILING DATE |
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| APPLICANT(S) |
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CLAIMS

| CROSS-REF. NO. | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-------------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | 17 | | | | | |

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| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS